

ISSUE SLIP STAFF AREA (for additional cross references)

| POSITION | IN. | ID NO. | DATE |
|---------------------------|-----|--------|----------|
| FEE DETERMINATION | SR | | 2-2-01 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | LT | 51708 | 8-21-01 |
| RESPONSE FORMALITY REVIEW | MD | 615 | 03-01-02 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| Final Original | |
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Best Available Copy

If more than 150 claims or 10 actions
 staple additional sheet here

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85-90
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 830
 03/22/01